

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED CHEN, XIAO PING		VOUCHER NUMBER																																																																												
3. MAG. DKT./DEF. NUMBER 1:06-000016-001	4. DIST. DKT./DEF. NUMBER 1:06-00023-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. CHEN	8. PAYMENT CATEGORY Petty Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE																																																																															
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.																																																																															
FILED DISTRICT COURT OF GUAM OCT 24 2006 MARY L. M. MORAN CLERK OF COURT																																																																															
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)		Telephone Number: _____																																																																													
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.		14. TYPE OF SERVICE PROVIDED <table style="width: 100%; border-collapse: collapse;"> <tr><td>01</td><td>Investigator</td><td>20</td><td>Language Interpreter/Translator</td></tr> <tr><td>02</td><td>Interpreter/Translator</td><td>21</td><td>Jury Consultant</td></tr> <tr><td>03</td><td>Psychologist</td><td>22</td><td>Mitigation Specialist</td></tr> <tr><td>04</td><td>Psychiatrist</td><td>23</td><td>Duplication Services (See Instructions)</td></tr> <tr><td>05</td><td>Polygraph Examiner</td><td>24</td><td>Other (specify) _____</td></tr> <tr><td>06</td><td>Documents Examiner</td><td></td><td></td></tr> <tr><td>07</td><td>Fingerprint Analyst</td><td></td><td></td></tr> <tr><td>08</td><td>Accountant</td><td></td><td></td></tr> <tr><td>09</td><td>CALR (Westlaw/Lexis,etc)</td><td></td><td></td></tr> <tr><td>10</td><td>Chemist/Toxicologist</td><td></td><td></td></tr> <tr><td>11</td><td>Ballistics Expert</td><td></td><td></td></tr> <tr><td>12</td><td>Weapons/Firearms/Explosive Expert</td><td></td><td></td></tr> <tr><td>13</td><td>Pathologist/Medical Examiner</td><td></td><td></td></tr> <tr><td>14</td><td>Other Medical Expert</td><td></td><td></td></tr> <tr><td>15</td><td>Voice/Audio Analyst</td><td></td><td></td></tr> <tr><td>16</td><td>Hair/Fiber Expert</td><td></td><td></td></tr> <tr><td>17</td><td>Computer (Hardware/Software/Systems)</td><td></td><td></td></tr> <tr><td>18</td><td>Paralegal Services</td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td></tr> </table>		01	Investigator	20	Language Interpreter/Translator	02	Interpreter/Translator	21	Jury Consultant	03	Psychologist	22	Mitigation Specialist	04	Psychiatrist	23	Duplication Services (See Instructions)	05	Polygraph Examiner	24	Other (specify) _____	06	Documents Examiner			07	Fingerprint Analyst			08	Accountant			09	CALR (Westlaw/Lexis,etc)			10	Chemist/Toxicologist			11	Ballistics Expert			12	Weapons/Firearms/Explosive Expert			13	Pathologist/Medical Examiner			14	Other Medical Expert			15	Voice/Audio Analyst			16	Hair/Fiber Expert			17	Computer (Hardware/Software/Systems)			18	Paralegal Services			19			
01	Investigator	20	Language Interpreter/Translator																																																																												
02	Interpreter/Translator	21	Jury Consultant																																																																												
03	Psychologist	22	Mitigation Specialist																																																																												
04	Psychiatrist	23	Duplication Services (See Instructions)																																																																												
05	Polygraph Examiner	24	Other (specify) _____																																																																												
06	Documents Examiner																																																																														
07	Fingerprint Analyst																																																																														
08	Accountant																																																																														
09	CALR (Westlaw/Lexis,etc)																																																																														
10	Chemist/Toxicologist																																																																														
11	Ballistics Expert																																																																														
12	Weapons/Firearms/Explosive Expert																																																																														
13	Pathologist/Medical Examiner																																																																														
14	Other Medical Expert																																																																														
15	Voice/Audio Analyst																																																																														
16	Hair/Fiber Expert																																																																														
17	Computer (Hardware/Software/Systems)																																																																														
18	Paralegal Services																																																																														
19																																																																															
Signature of Presiding Judicial Officer or By Order of the Court		Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																													
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT																																																																												
a. Compensation																																																																															
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																															
c. Other Expenses																																																																															
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS TIN: _____ Telephone Number: _____																																																																															
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.																																																																															
Signature of Claimant/Payee: _____ Date: _____																																																																															
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____																																																																															
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES	21. OTHER EXPENSES																																																																												
22. TOT. AMT APPROVED/CERTIFIED																																																																															
23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.																																																																															
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code																																																																												
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES	26. OTHER EXPENSES																																																																												
27. TOTAL AMOUNT APPROVED																																																																															
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)																																																																															
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code																																																																												